

FORM II
D E C L A R A T I O N

I,
Shri/Smti/Kum/Dr. _____ son/daughter/wife
of

_____ age _____ years,
resident of _____ hereby declare
that I have read and understood the Meghalaya Nursing Home (Licensing and
Registration) Rules, 2001.

I also undertake to explain the said Act and Rules to all employees/consultants of the
Nursing Home in respect of which registration is sought and to ensure that the Act and
Rules are fully complied with.

(_____)

Name and Signature of Applicant.

Date :

Place :

N.B. Strike out whichever is not applicable or not necessary. All enclosures are to be
authenticated by signature of the applicant.

ORIGINAL.